



HMO Benefit Summary

State of Michigan

EFFECTIVE AFTER 10/13/02

Inpatient Services

Days of Care	Unlimited
Room Type	Semi-private, private when medically necessary

Admissions and Surgery

Hospital Services/Admissions	Covered
Physician Services	Covered
Other Services	Covered
Organ & Tissue Transplants	Covered (see Certificate)

Maternity Care

Pre- and Postnatal	Covered, \$10 office visit copay
Delivery	Covered

Outpatient Services

Office Visits for Sick Care	\$10 copay
Outpatient Surgery	
Hospital Billed	Covered
Physician Billed	Covered
MRI Scans	Covered
CT Scans	Covered
Allergy Tests, Treatments & Injections	Covered
Diagnostic, Therapeutic Services/Tests associated with covered care	Covered
Chiropractic Care	20 visits annual limit; \$10 copay

Outpatient Services—Preventive Care

Health Maintenance Exams (check-ups)	\$10 copay
Routine Pediatric Exams (Well-Child Care)	Covered, \$10 copay after age six

Lab and Pathology associated with Above Exams	Covered
Routine Periodic Gynecological Exams & accompanying tests/procedures	\$0 copay
Routine Immunizations, Travel Inoculations	Covered
Nutritional Counseling, limited number of visits for certain diagnoses	Covered
Family Planning Consults	\$10 copay

Prescription Drugs

Prescriptions	\$5 copay for generic drugs
.....	\$10 copay for brand name drugs
Contraceptives	\$5 copay for generic drugs
.....	\$10 copay for brand name drugs
Maintenance Drug Program	Drugs included on the M-CARE Maintenance Drug List may be dispensed for a double copay in maximum quantities of a 90-day supply or 100-unit doses

Short-Term Therapy

Physical, Occupational, Speech Therapies	Covered, 60 aggregated visits per condition per year
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Cardiac Rehabilitation	Covered, 6 weeks maximum within 60 consecutive days
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Emergency Care & Urgent Care

Emergency care is covered at any hospital emergency room with \$50 copay. Copay is waived if patient is admitted. Ambulance transportation is covered when approved by M-CARE.

Reproductive Health Services

Infertility Treatment ¹	Covered
Voluntary Sterilization (in office)	Covered
Voluntary Sterilization (in facility)	Covered
Therapeutic Termination of Pregnancy	Covered
Elective Termination of Pregnancy	\$0 copay

Mental Health Care

Outpatient Care	Crisis intervention & short-term therapy covered, up to 20 visits per year, no copay
Inpatient Days of Care	Covered, up to 45 days per year; renewable 60 days after discharge

Chemical Dependency Care

Outpatient Care	Up to 35 visits per year, no copay
Intermediate Treatment	One program daily residential therapy per year
Inpatient Days of Care	Covered, up to 45 days of inpatient treatment, renewable 60 days after discharge

Home Health Services

Home Health Care Visits	Covered, 60 consecutive days per condition per year
Equipment to Support Home Care	Covered
Private Duty Nursing	Covered when medically necessary and in lieu of an extension of inpatient hospital admission; requires PCP referral and approval by the M-CARE Medical Director

Extended Care Facility

Skilled Nursing Care	Covered, up to 730 days per lifetime when arranged and authorized by M-CARE
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Hearing Care

Audiometric Tests	Covered
Hearing Aid Evaluation	\$0 copay, participating providers only
Hearing Aids	Covered, one every third year, participating providers only

Vision Care

Routine Examination	Not Covered
Frames and Lenses	Not Covered

Other Services

Durable Medical Equipment	Covered
Prosthetic & Orthotic Devices	Covered

¹Services following a diagnosis of infertility, including diagnostic and therapeutic services

This summary is intended to provide you with an overview of coverage which may be provided by M-CARE. Generally, services must be referred by an M-CARE Primary Care Provider, obtained from M-CARE providers and authorized by M-CARE. Other administrative rules apply for mental health and chemical dependency benefits. No right will accrue to you and/or your eligible dependents solely based on any statement or error in or omission from this summary. A detailed description of benefits, limitations and exclusions can be found in the Member Handbook, Certificate of Coverage, and Riders.

Pre-Existing Condition Exclusions..... None
Claim Forms None
Deductibles None